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<b>SERIAL NUMBER</b> 10/762,204	<b>FILING OR 371(c) DATE</b> 01/20/2004 <b>RULE</b> 1.47	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> MA9665P
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/441,040 01/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/24/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>Casey H. Harrison</u> Initials: <u>CH</u>				

**ADDRESS**

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**TITLE**

Resorbable radiopaque markers and related medical implants

<b>FILING FEE RECEIVED</b> 712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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